

## How to Treat Body-Based Anxiety – Dr. Ellen Vora – #916

Dave Asprey:

You're listening to The Human Upgrade with Dave Asprey. I promised you that I would tell you what you're going to get out of an episode of The Human Upgrade before you listen to it because your time is really valuable, and if this one just doesn't push a button for you, you can just go to the next episode or the one before. It's not going to kill you. It's not going to cause anxiety. It's not going to cause stress. If it does, maybe there's something you could do about that because... Am I foreshadowing? Yes, I am.

Dave:

What you're going to learn on the show today is how anxiety manifests in your body versus in your mind and how you can overcome it. You're going to learn strategies for turning it into real anxiety versus a story about anxiety and how to change how you see it and maybe even to make it something good. And, of course, you're going to learn from a Yale and Columbia University educated holistic psychiatrist who looks at functional medicine and mental health and looks at the whole person, acupuncturist, yoga teacher, and...

Dave:

About 40 million people a year get anxiety that's diagnosed, and probably a lot more get that as soon as they turn on their social media and find out that they've been censored yet again. Traditional medicine, the kind that's allowed on Google and the normal platforms we all use now, they look at anxiety as a problem in the brain, but the reason I wanted to have Dr. Vora on the show today is that she flat-out disagrees, which so lines up with my view of consciousness largely emerging, especially unconscious, from cell biology, not from some brain region. So with that introduction, Ellen, welcome to the show.

Ellen Vora, M.D.:

Thanks, Dave. It's great to be here.

Dave:

You are on episode 827 because you were part of the special series. They came out with the Super Human book launch about anti-aging, and your new book, The Anatomy of Anxiety, just hits it right on the head.

Ellen:

Thanks. I'm glad you think so.

Dave:

Are you a highly stressful person? Is that why you chose to write a book about it and become a holistic psychologist? What's the deal?

Ellen:

The reason I chose to write about it was twofold, and one was that 40 million Americans are struggling with anxiety. It was every patient coming into my office. But there's another aspect of anxiety that was why I wrote about it, which is that I kind of get excited when I meet a patient who struggles with

anxiety. I think that there's so much low-hanging fruit, so much that we can do right up front for quick wins, and it gets people feeling dramatically better. So it's something I consider sort of fun to treat.

Dave:

Okay. So it's a low-hanging fruit from the way you see the world, and then you can just treat it and be done?

Ellen:

Exactly.

Dave:

Okay. What is fake anxiety?

Ellen:

So the term I use, which is slightly less invalidating but still somewhat invalidating, is false anxiety, and this is really based on the work of a woman named Julia Ross, who came up with the idea that we have true moods and false moods. A true mood is something happened and you're in a mood as result, and a false mood, it's those times we wake up on the wrong side of the bed or suddenly, out of nowhere, we're irritable, we're anxious, we're sad or angry.

Dave:

Like when you eat MSG or have some toxins in your food like histamine or whatever, and all of a sudden your biology is tweaked, and then you blame your partner.

Ellen:

Exactly that. So our brain swoops in with a narrative. It's always happy to make meaning out of a physical sensation. It says, "Well, I'm anxious about this thing going on at work or this thing happening interpersonally." But if we could omnisciently look under the hood of the body and really know what's going on, in that moment, there's some state of physical imbalance. Often, it's a stress response, and it's frequently caused by seemingly benign aspects of modern life like blood sugar crash, like inflammation, like MSG, like anything going awry with your gut health, and this is causing untold amounts of suffering and so much of the anxiety that I deal with day to day in my practice. It doesn't have to be happening. It's avoidable anxiety.

Dave:

Hold on a second here. So you mean a major portion of anxiety that people feel is actually caused by their bodies, not by what's happening around them?

Ellen:

That's it.

Dave:

Who would've ever thought? Now, that might blow a lot of people's minds, but it seems that, in addition to anxiety, it also drives food cravings, which is a big part of why I talk about toxins and the world of intermittent fasting in the last book. How much of actual just hunger drives anxiety?

Ellen:

How much of hunger drives anxiety? I think anybody who has a complicated relationship with body image, with appetite, satiety, I think that feeling of being out of control with food choices is itself a really common generator of anxiety. That, of course, happens with these processed foods engineered to be hyper-palatable, the sort of, "I bet you can't eat just one," where the joke is on us. We can't. But anytime you feel like, "Well, I don't feel like I'm the one driving the ship when it comes to eating when I'm hungry, stopping when I'm full, arriving at a place of satiety," I think that's very anxiety-provoking for a lot of people.

Dave:

It seems like one of the number one sources of anxiety in the world is actually going without caffeine. Can you explain how caffeine cures anxiety?

Ellen:

So this might be one area where you and I diverge a little bit, but I think it's really... There's so much bio-individuality with that. I see a lot of people in my practice who are slow metabolizers of caffeine, who are coming into my office with their iced coffee this tall and sipping throughout their session and saying, "I just feel this sense of doom and urgency about everything." I think, "Mm-hmm (affirmative)." So I think that there are smarter ways to be in relationship to caffeine, and I think it's individual. So some people want to make more strategic choices around it.

Dave:

Now, you're blaming caffeine, which is one of 1000 components in coffee. I will just straight-up say I quit coffee for five years because it caused anxiety. I would drink it, and I would feel good for a little while. Then I'd get an extreme food craving, brain fog, and then I'd get this feeling of clutching something in my chest, like, "Ugh." But it turns out that it's other stuff that's causing that. So I came back from my trip to Nepal and Tibet and said, "I'm going to have coffee for the first time in five years," and I had a cup, and I had no... I was just like, "Oh my God, I feel so much better than I have in five years. This is great." The next day, I had a cup of high-end coffee from a different place, and I got the exact same physical anxiety. I just call it physical anxiety versus false.

Dave:

I was like, "Oh my God, I couldn't have changed overnight, it had to be the coffee that changed," and that was a really big revelation. To this day, I'm afraid of most coffee because of that. So the new Danger Coffee actually has minerals in it that soak up other toxins in the body as well, which is part of why I did it that way, because activated charcoal, glutathione, which is a detoxer, they seem to help people you just described even more. People who are slow caffeine metabolizers have a problem or, we'll say, a difference, but I would say it's a weakness, in their CYP... Is it 43A in the liver? Those people also suck at toxins, right? They go hand-in-hand. So if you can metabolize caffeine reasonably well, you can also metabolize toxins reasonably well, and if you're a super metabolizer of caffeine, you can probably swim in a mercury mine and just dry off and be fine, and you're super human. So is it true that people with poor methylation or poor detox pathways walk around with more what I would call physical anxiety, what you would call false anxiety?

Ellen:

That's exactly right. I go into it a little bit in the book about how these in many ways are highly sensitive people. They're kind of our canaries in the modern coal mine. If you suck at toxins, then you're going to be the person who says, "Hey, this modern world is making me sick," whereas someone else over here who doesn't suck at toxins, a life natural, is going to say, "What? I can handle everything about this modern world, no big deal." But I think that they're really here as our prophets because even if our life natural can just go about his day feeling even-keeled, not impacted by modern toxins, they're still subtly impacting his longevity, his health span. I think that our canaries in our modern day coal mine, people that suck at toxins, they're here with really useful information that the rest of us should pay attention to.

Dave:

A lot of people have this, "If it doesn't kill me, it makes me stronger," perspective on toxins, especially the people who say a calorie is just a calorie, you should have NutraSweet because it has no calories. These are some of the angriest, most anxious people that I've ever met, mostly because they're starving all the time. But when you get that kind of a mindset, how does that affect anxiety in the body?

Ellen:

A calorie is just a calorie. I take that down. I think that the trouble is that if you really just buy into these dismissive attitudes, it feels good to be on the side of those strong-armed bullying sentiments of, "None of this matters, everything in moderation, the dose makes the poison." It's a nice idea, and you can sound... It's a rigorous position to be standing in. The trouble is it just doesn't bear out in reality. I think that when you look at thinking about food as the quantity of calories rather than recognizing that it's the quality of what we're eating that matters, that itself impacts whether or not we're hungry for excessive calories, whether or not our metabolism is revving up or slowing down. So I think you get all these tough guys being like, "It's calories in minus calories out. That's the whole story. If you tell me anything else, you're not doing basic math." The trouble is it's not actually addition and subtraction. It's calculus in the body. It is impacted by the quality of what we eat.

Dave:

Do you know what percentage of calories might be shunted to an anxiety response from eating crappy food recommended from one of those low calorie kind of people? So if they tell you to eat crap, you eat crap because it was low in calories, and then you feel physical anxiety, that's going to burn. Your brain's 15% of calorie burn on average, it's got to go up, or sweating or something. Have you ever looked into that?

Ellen:

Sure. I mean, no, your brain is definitely running a half-marathon every time you're going through a panic attack. But I also think that it's more than made up for the fact that it then tells your body, "We need to replete that." All of the glycogen stores that we depleted in having that stress response, then we just have an increase in cravings.

Dave:

Oh my God. Okay. This is something that a guy like that Fitness Chef guy would love. It's called the panic attack diet, and what you do is you tell people the low calorie foods that induce panic attacks because they're so full of toxins, and because of the panic attack, they'll burn more calories than they do by

exercise, and therefore they'll lose weight because of Newton's law, right? Did we just invent [crosstalk 00:11:55]-

Ellen:

And like so many diets, it's going to work great for a day, and then it's going to actually end up net negative. So it's a great business model.

Dave:

Oh, no. Darn. This whole idea's been shot. Oh, well. I guess the low calorie people can all go look at some mouse study or something. So my point there, which I'm trying to make with humor and not being too mean to those poor hungry souls, is that the quality of the food changes your biology profoundly, and it only makes sense that if your biology changes, you could feel it as stress. No one's written a book about that to my knowledge, and I've talked about in terms of cravings but not in terms of anxiety. To me, it's like a craving then can cause anxiety, but it actually truly does just cause anxiety. What's an example? If someone was skeptical of this and you're like, "Okay, let, let me just show you how bad you could feel from one of these things that would induce physical anxiety," what would be the best physical anxiety meal you could think of to cause it?

Ellen:

So what I see in my practice is someone who skips breakfast and then gets their pastry in mid-morning, and then nachos is dinner, and there's never anything substantial. There are unhealthy fats. There's not protein. You're not getting your carbohydrates from starchy tubers. You're getting it from refined carbohydrates. Then if they snack on candy, there's going to be a blood sugar crash. I have a lot of patients in my practice who come to me saying they're really anxious. They have frequent panic attacks. When we figure out that the panic attacks track perfectly with blood sugar crashes and we stabilize their blood sugar in one way or another, they walk away from panic disorder. So that's one I see all the time, and it's a really nice, quick fix.

Dave:

I would have to add some beer in with the Impossible nachos because if you had meat in them, they might do something good for you, so you need to take the meat out and put in Impossible fake meat and not real cheese, not the expensive nachos. This would be the manufactured cheese product. It's basically liquid Twinkies. You want to do that, and then you end up with... That thing has no good anything in it, and then you drink the beer. Then, the next morning, you should probably feel a little bit like, "Ugh," and then see if you yell at your family or your kids or your boss or whatever. I feel like most people have felt hungover as well, and that's probably the closest feeling to it.

Ellen:

The alcohol effect is really interesting because, in many ways, alcohol is an agent of giving us GABA, this primary inhibitory neurotransmitter in our central nervous system, and GABA makes us feel relaxed and calm. So we have a glass of wine, we have a few beers, and our brain is awash with GABA, and it's a nice feeling. But our brain doesn't care whether or not we're relaxed. It cares about survival. So it wants to restore homeostasis. In the case of alcohol, it does that by converting the GABA to a different neurotransmitter called glutamate, which is an excitatory neurotransmitter. This is why that second half of the night, we're up every hour, it's not good sleep, and the next day we're irritable, we're anxious,

and we're kind of thinking, "I can't wait till I get to the end of the day and get to have a glass of wine again." That's the anxiety fallout of alcohol.

Dave:

I think, on top of it, you've got potential histamine and sulfates from a poor quality wine, which is almost all wine in the US at this point, with glyphosate as well as mycotoxins, which are, I believe... I think it's 0.2 parts per million of Ochratoxin A in European wine. From memory, I think it's either eight or 10 parts per million, so it's 10 or 20X or something, allowed in the US. So if you drink a glass of wine and you're like, "I feel anxiety 20 minutes later, and I want dessert," seriously, it was the wine.

Dave:

When I went gluten-free in my early, early 20s, it was accidental. I was trying beginnings of a low-carb diet, but I didn't really understand what carbs were in the overall sense, so it might have included orange juice on my low-carb diet, but at least it had no bread. My personality changed, and I lost 50 pounds in three months. I was working out a lot. I was working really hard. The other 50 pounds took 10 years to lose because of inflammation and whatnot. But my family did say, "Dave, your personality changed," and one of the things that happens with milk protein and wheat protein is they turn into morphine analogs in the gut. Can you walk me through that process and how that does or doesn't trigger anxiety?

Ellen:

Yeah. So this was true for me in my experience, too. My personality also changed when I went gluten-free and dairy-free. So both of these substances break down... In the case of dairy, it's casomorphin. In the case of gluten, it's gluteomorphin. These are, as you put it so well, morphine analogs. If you have leaky gut, they're leaking into the bloodstream. They're lipophilic molecules. They can cross the blood-brain barrier, and they can act on our opiate receptors. It's mild, but this has a lot to do with why we crave things like pizza and why we feel a little fuzzy and sleepy after a gluten and dairy-rich meal. That fallout afterward as we're withdrawing from it can be a source of anxiety, and so these foods work on multiple different levels to generate anxiety.

Dave:

Most people in my estimation eat food flavorings, like chemical ones, including MSG or NutraSweet, which are massive, massive, or aspartame, massive causes of this stuff. They get the colorings, the FD&C colorings that have no business in food, or they get oxidized fats or excessive sugar or all the other stuff that we've talked about so far. But they're getting two out of 10 of those in every meal and sometimes a lot more than that, so they never actually know what it feels like to be chill. What's the fastest way to know what it feels like to be chill?

Ellen:

Yeah. And those foods, it's interesting all the different ways that they are impacting our mood. It's the inflammation they're causing, the impact they're having on our gut flora, the way that they're generating a surplus of glutamate and excitatory neurotransmitter in the brain, and so on and so forth. I think that the compass I use with my patients is generally err on the side of eating real food and avoiding fake food. There's a lot of nuance within that. You can always go deeper, in deeper layers of what's really real food. But, overall, that's a useful compass to start to navigate a menu at a restaurant or at the grocery store. If you just use that compass, you're going to avoid a lot of those things

wholesale, just because if this is a real food, i.e., it was either a healthy animal or it grew in the ground and it's something humans should be eating, then it's not going to have any of those.

Dave:

The other night, my son who's 12 was a bit of a terrorist at dinner. Kevin had all sorts of just... Everything's bad or whatever. Eventually, though, he kind of caught himself, and he's like, "You know what? I had chili at lunch." He's lectin sensitive the way I am to nightshades, and the school... He didn't know if there were some chili flakes in whatever he ate. He said, "I do know that they make me act like this." Once he recognized that he was dealing with physical or, in your case, false anxiety, it actually helped him just step back and be like, "Oh, maybe I can choose a different way." Then we had a really good dinner after that. It was such an epic catch. But knowing that such a thing as possible is the win, and if that was all someone got out of this episode, that would be huge. Putting it in practice is harder.

Ellen:

Yeah. Yeah. So it really is empowering. I think that term, false anxiety, some people hear it as somewhat invalidating. It's like, "What? My anxiety's not false. It's all too real." It's not to invalidate the very real suffering. I was in false depression for about a decade that was life-altering realness in terms of how it felt. It just turns out it had been caused by gluten in the birth control pill. But when you know that it's a false mood, not only can it steer your choices in the future, but it also does take the charge out of it in that moment a bit and doesn't necessarily make the feeling go away, but you can say, "Okay, I'm in this state, I'm a monster right now, I'm anxious right now," whatever the case is." But you know it has this physical basis, and you don't feed into it quite so much.

Dave:

Well, you lose the shame and guilt. Look, if you have a hardware problem, it's probably fixable, but it's not really you, and if you have a toxin problem or a food problem, it wasn't you. It was just a poor food choice, right? So it isn't about self-worth anymore. It's just about, "Oh, look, something weird is going on in this meat bag that I walk around in." I find that to be really relaxing, that I'm just a meat bag, at least that my body's a meat bag, but I don't self-identify with my body.

Ellen:

And to use the example of your son, a 12-year-old boy, there's plenty of false anxieties that can be going on. It can be lectin sensitivity and some chili flakes in lunch, and there's plenty of what I call true anxiety. There are very real reasons to have big moods as well.

Dave:

Yeah, seventh grade will do that to you.

Ellen:

Going through puberty, being in the education system in a pandemic, all of these will do it to you, interpersonal dynamics in the schoolyard. So, basically, the second half of the book is all about the real moods and the real anxiety and how that's not something to pathologize. That's not something that we can gluten-free and decaf coffee and gut heal our way out of. That is something to slow down and listen to, and that's actually really here as our true north. It's an inner compass that's here to help us know what matters to us, what doesn't feel right, what's messed up. We need that awareness so that we can take steps, make purposeful action in response to it.

Dave:

What I want to talk about is when someone doesn't sleep, there's certainly some degree of what you would term a false anxiety just because you feel crunchy, right? But is there also real anxiety tied to that? Unpack sleep because it feels like we're crossing over into real anxiety, but what do you know about that?

Ellen:

Yeah. So I think of sleep as primarily based in... It's sort of geographically in the false anxiety category. I think of it as an avoidable cause of so much anxiety. Not all sleep issues are fully treatable. I think that the sleep issues that come with perimenopause are tricky. I think shift labor is... The solution is not so easy always. Jet lag is its own issue. But for the most part, I salivate at the opportunity to help people improve their sleep because there's so much we can do. There's so much low-hanging fruit. It has to do with these aspects of modern life. We did not evolve with blue spectrum light after sunset.

Dave:

Whoa. You got your TrueDark glasses on, all right.

Ellen:

I got my TrueDarks.

Dave:

Now, you're cool.

Ellen:

And so even just a pair of blue blockers sunset until bedtime, even just a slightly earlier bedtime to avoid getting overtired, cool bedroom, et cetera, et cetera. Your listeners know all this, I'm sure, three times over. But, basically, we need to get strategic about setting ourselves up for good sleep. Once we've done that, most of us sleep well, and that can avoid a lot of unnecessary anxiety. I think times when there is a true anxiety basis to sleep issues, I think about grief. That comes to mind, when you've lost someone and it becomes really difficult to sleep, and I don't really think of that as pathologic or a problem to fix. I think that that's your mind working overtime processing what's going on. Sometimes it's really the problem, is that we're trying to mold ourselves into this worker bee world rather than allowing for the ebb and flow of sometimes we're not fully available for that and we need to roll with what's going on in our real lives like grief, like things that are really troubling us and making it hard to sleep in an understandable way.

Dave:

I feel like there is such a thing as PTSD but not the one you're thinking of, posttraumatic sleep disorder, where you're so afraid of being tired that you can't go to sleep because you're worried about being tired. Do you ever see that?

Ellen:

Yeah. So this comes up so much, and this is actually one of my favorite things to address with patients. We have to understand that there's middle sleep, which is a horribly-termed concept because it's really middle wake-up, and it's when we are up in the middle of the night in between two basically equal



consolidated chunks of sleep. So if you're somebody who needs about eight hours of sleep, you might sleep four hours, be up, and then sleep another four hours, and in that time when we get up, maybe we need to go pee, maybe we need a sip of water, you roll from one side to the other. The issue is that we have so many stories we tell ourselves in the middle of the night right there. You look at the alarm clock. "Oh, no, it's 2:00 AM." You might even glance at the phone, God forbid, and then get this shot of blue spectrum light into your eyes suppressing your melatonin, disrupting your circadian rhythm, confusing your brain to think the sun is rising at 2:00 AM.

Ellen:

We start to get a story in our minds of, "Oh, no, I'm up, this is a bad night of sleep, I'm going to be tired tomorrow, I won't perform well at the presentation I'm doing," and so on and so forth. So I like to help people know it's just middle sleep. It's normal physiologic, and you don't want to add drama to it. You basically pee, have a sip of water, and then you lie back down and close your eyes and chill and allow yourself to fall back asleep. I think that peeing in the middle of the night, you need some kind of orange nightlight, if you can't, just make do, and then you do the squinty shuffle. You basically try to open your eyes as little as possible. You could put on blue blockers, but it's one more step, which makes it a little bit more likely you're going to wake yourself up. So you try to open your eyes minimally, get to the bathroom, get back.

Dave:

I love that advice, and people might be going, "Oh my God, you guys are such nerds." It matters, and there's a bunch of variables in light that are in one of the patents that I wrote for TrueDark. But one of the things that no one really talks about is the angle of light. The only guy I've seen talk about this is Andrew Huberman recently mentioned that in one of his podcasts. But since angle of light matters, your bathroom lights are probably on overhead, so don't turn them on.

Dave:

Use your phone. Aim it away from you and use your phone as a glowing light night or night light. You're not supposed to have your phone on at night, but you probably do. Bonus points if you have a little thing set up so the screen is red. But if not and you turn the lights on, just salute, literally. Block the light from coming in the top of your eyes. So you do the one-handed pee salute, and I promise you it's going to help you go back to sleep better. There you go. Less anxiety. I don't even know what goes with that. But seriously peeing better will make you less anxious.

Ellen:

So Squatty Potty, which is one of my favorite products to recommend after TrueDark... It's the other thing in that category of things that are non-invasive and effective, have biologic plausibility, and they're inexpensive. I like to get people on the Squatty Potty train, and they do make some now that have a little down-pointing dim light. So you can have this little light just at the stool at the base of your toilet pointing down to the floor.

Dave:

That's cool. That's right where it should be.

Ellen:

Yeah.

Dave:

Okay. Now, the next thing that you write about in your book is techxiety, which is a real form of anxiety. What is that?

Ellen:

Yeah. So that's 50 different things, but it's all the ways that technology is really stealing our peace. I think a lot about the attention economy, the fact that we're in this moment where our attention is the commodity being competed for by really smart companies. They've done their homework. They know their neuroscience and their behavioral psychology. They know that if they prey on our fear response or instill uncertainty, doubt, controversy, we're going to rubberneck and stay glued and give an increasingly large share of our attention. They get more clicks and more ad revenue, but our mental health is the collateral damage.

Ellen:

I think about how what we really want to be doing is making conscious choices as we navigate the information landscape, recognizing that sometimes it's this... I call it the banality of fear, but, basically, this isn't some big sinister issue. It's really that companies want to earn money and know that fear sells, and so we're bathed constantly in a fear-inducing message, and we lap it up. We say, "Okay, everything is doom and gloom, and nothing is okay." I think we're also in this moment right now where, biologically, we were designed to be part of a community of about 100, 120 people, and to know about the goings-on and the dramas and the doom and gloom that existed in our community. Now, we know about the dramas going on around the globe, and it's just too much. Not saying it doesn't matter. I think that if something resonates and feels like our cause, we, of course, want to stay engaged, but feeling the suffering of all human beings at all times is a bit overwhelming to our system.

Dave:

Did you see the news? A kid in Minnesota forgot his lunch this morning, and I saw that on my Google News feed this morning, and I was really stressed about that. I mean...

Ellen:

Yeah. He's going to have anxiety pretty soon. I worry about it.

Dave:

I agree. We focus on stuff that would be local, not noteworthy tragedies, and it gets blown up. It's really, really unpleasant. In one book that's talking about, look, half your anxiety is coming from your biology, not from what's in your head, it's hard to offer cures for all the ills of society. But I would love to know what do you do personally to not get techxiety?

Ellen:

I do a lot of things. I don't ever bring the phone into the bedroom. My charger is set up outside the bedroom. I say goodnight to my phone, kiss it, say, "Oh, phone, I'm going to miss you, I love you." I put it aside around 9:00, 9:30, and that never comes into the bedroom with me because I'm just... I've learned too many times that I'll doom scroll. It doesn't have a natural stopping point. I'll stay awake longer than my body is actually when it wants to go to sleep. I get to sleep earlier, all these ways that has a huge impact. Then I do make very conscious choices about who gets to tell me what and when and how often,

and I batch those kinds of check-ins. I don't exist in a reactive stance of, "Well, let me just check this repeatedly 1000 times a day and let it seed my unconscious with uneasiness." That's not easy. I mean, it's designed to be addictive. It's hard to step out and make proactive choices, but I'm really committed to it.

Dave:

What's the worst social networking platform for anxiety?

Ellen:

The phone. It's just like processed foods in this way, right? If you eat a Dorito right now, your mouth kind of gets taken over by that flavor crystal quality of it, and suddenly you're like, "Well, actually, I need more. I want to keep putting Doritos in." The phone is the same way. If we're checking and checking and checking, we just need to keep putting chips in our mouths, more and more bites of the phone. I think that when you reset your palate and you're eating real foods and nothing is engineered to be hyper-palatable, nothing is confusing your taste buds, if your email goes down, if you have to put the phone away, at first, you're in withdrawal. You're thinking, "Well, what am I going to do? I wanted more of that. I needed another hit."

Ellen:

If you put it aside and then go outside and have an unplugged walk or connect with friends and have your phone far out of arm's reach, what you find is everything resets and you're like, "This is actually really good," and it's a lot more fulfilling. It's a lot less dysregulating. I think we all just need to have a little bit more of that felt experience in our day-to-day lives.

Dave:

I've seen people put their phone on black and white instead of color using the accessibility settings. It's pretty easy to do. Everyone I know who's done it says that it completely changed the addictive nature of their phone. I don't do it because I have millions of followers and if I can't see what the pictures look like, it's a little harder to do that part of my job of sharing information. But is that a good idea or a bad idea?

Ellen:

I mean, it actually plays right into the processed food analogy because if we required that none of the processed foods could use food coloring anymore and all of that food was just gray sludge, it would be a lot less appealing to us. Yeah. So any of my patients that I can convince to buy in on that and turn it to grayscale, they are no longer addicted to their phones. There's something about the dazzling colors of it that keeps us addicted.

Dave:

That leads us in two directions. One is the source of stress that's imposed on us by big tech trying to make us check out our own groceries, do all of our annoying crap, and then not having a way to get out. They don't care if you waste 10 hours billing for two dollars of insurance. In fact, they like it. So what does meaningless toil created by politicians, health officials, or faceless companies like your bank or insurance company... What does that do to our anxiety, and is that real anxiety, or is that false anxiety?

Ellen:

Yeah, I think that's a bit of both. But I think on some level, most of all, it's a true anxiety. I think that having to engage with tedium and drop-down menus and extra clicks and all of that and it's stealing our present moment from us, I think we are very right to want to rebel against that and to feel like there's no way to feel at peace with that. I think it's our soul rebelling against engaging with that kind of bureaucratic process.

Dave:

I feel like that's real anxiety. It's possible to do some forgiveness work and just accept that it's a part of life. It's just not a part of life that has a high enough ROI to be worth doing. So it's a rational approach to find the people responsible for forcing those situations on us and choke them out because that would relieve your anxiety so much, right?

Dave:

I want to talk about birth control, specifically hormonal birth control for women. I apparently have no right to talk about this, except I wrote a book on fertility and any human who cares about other humans has a right to talk about this. So if you're already pissed that I'm talking about birth control for women, you can exit the podcast now because I'm going to keep doing it. And if that stresses you out even more, there are great therapists like Ellen who'll be happy to help you. Okay, that was my PSA. So birth control, hormonal birth control, is a crime against women, and women need access to healthy forms of birth control. That is my stance. Am I right?

Ellen:

Here's the thing. And I read that book of yours when I was pregnant with my daughter. I found that-

Dave:

Oh, thank you.

Ellen:

... it was a terrific resource. So birth control. On a public health standpoint, like more options, liberation of women, so and so forth, I'm all for it. On an individual basis-

Dave:

We're aligned on that.

Ellen:

On an individual basis, it's a longer conversation, and I think every woman, every phase of life, it's requiring a different approach to contraception. I think when it comes to birth control, the bee in my bonnet is the years and years of medical gaslighting that happened when women would get put on the pill and then come into their primary care doc's office a couple months later and say, "I think I'm weepier, I think I'm a little sadder, I'm maybe a little blunted. maybe I'm a little more irritable," and the doctors would say, "Well, there's no evidence for that. It's in your head, and you are just hysterical." So we had generations of women blaming themselves and saying, "Well, huh, I must just be imagining this."

Ellen:

Now, we do have the data to support what was obvious forever, which we didn't even really need the data to support because every woman who's ever had the couple days before her period and experienced a shift in moods that's related to a shift in hormones understands that hormones impact our mood and anxiety levels, full-stop. That's something we just know. So, of course, giving exogenous hormones is going to have some impact on our mood and anxiety levels. We do now have the evidence to support that thing that we never really needed to study to corroborate. So here we are, and I have so many patients, so many more than I could ever possibly count, who, when we really do the investigative work to look at their mental health history, it all began with that first prescription for the birth control pill, and they never think to point to that.

Ellen:

They were 14. They were 16. They had some acne. They had some irregular periods, which is its own thing to investigate to understand what's going on with that. Is it normal? Is it inflammation or polycystic ovary syndrome, so on and so forth. But they got put on the pill, and then a couple months later they got put on Lexapro and then eventually on Wellbutrin and then eventually on Adderall and eventually on Klonopin and eventually on Ambien. So the whole rosary path through the mental health field began with a birth control prescription. That's what bothers me, is that this is really impactful and people come to identify with these diagnoses. They say, "I have anxiety. I'm someone with anxiety. That's just who I am. It's genetically determined. It's my destiny. There's no changing it." When we actually peel away the layers and get them off exogenous hormones, they can walk away from the diagnosis. It calls into question the whole mental health history. So I think that there's a lot of women who have been really impacted by the way birth control changed their mood.

Dave:

You dropped a really important knowledge bomb there that you are not your diagnosis and it... Something that drives me crazy... I've had all sorts of stuff wrong with my biology, way more than the average person has, which drove me into a lot of what I do, but I do not struggle with toxic mold, right? I work on toxic mold, and mostly it doesn't bother me, but when it does, I kick its ass. But I'm not struggling. I'm not a victim of toxic mold, right? I don't like it. But if you see yourself as struggling instead of something that's experiencing, experiencing is it happened, struggling is I wasted a bunch of energy and I created anxiety because it happened. So struggle itself is a form of anxiety, at least in my warped view of the world. How accurate is my perspective on that, given all that you know about psychology that I don't know?

Ellen:

Here's what we've been indoctrinated with, is this idea that our mental health is genetically determined chemical imbalance. There's some validity to that, although I think, for the most part, any chemical imbalance is often a downstream effect of a state of imbalance happening elsewhere in the physical body. But, really, the determinants of our mental health are how we're eating and the health of our gut and how inflamed we are and even our connection to community and nature and sunshine and purpose. That genetic chemical imbalance idea, it feels like a destiny, and I just know that to not be true because I've worked with too many patients who have walked away from their diagnoses completely.

Ellen:

I think a much more hopeful and empowering message and perspective on mental health is to understand that genetics loads the gun, environment pulls the trigger. You may very well have a genetic

predisposition. You may very well have early childhood trauma that impacted the way your serotonin transporter is methylated and is going to perform in your life. But that being said, so much of how you live your life as an adult is very profoundly impacting how your mental health manifests, and that's the part we can control. So that's where I like to focus with my patients. It's not to deny systemic factors that are making it harder for some people. I would never deny that.

Dave:

Yeah, those are real.

Ellen:

But I also think that I like hopeful message that recognizes, "Let's not ignore that, but also let's focus on what we can control and where we can help people feel a little bit of an improvement in their suffering today."

Dave:

You actually can overcome without struggle as well, and that's what you can do to yourself medically. That's what you can do to horrible behavior from governments around the world or whatever else. It's just that the struggle is, at least in my mind, anxiety-producing and I'm going to do something about it. I might fail. It's less anxiety-producing.

Ellen:

Well, this is getting pretty philosophical, right? But it's in our resistance that we suffer, and sometimes it's really in feeling empowered that our actions make an impact. There's a lot less suffering in that. That's the thing about true anxiety. It's not to say, "Okay, you are having anxiety as a result of a very real problem in your personal life, your community, the world around you." But that doesn't mean we just stay there and wallow and feel helpless in that anxiety. We see it as a call to action. We see where can we transmute or sublimate this anxiety into purposeful action? And then it doesn't really even feel like anxiety anymore. It feels like something... It's an energy that motivates behavior then.

Dave:

Okay. I like that. You've also written in your book... You talk about some really disturbing numbers about what the government response to the not science over the last two years has been, about medication use during the pandemic. What does that look like? And keep mind this wasn't medication use that was caused by an infection. It was caused by what people who are not elected did in response to the infection.

Ellen:

So, through the pandemic, we have seen a precipitous rise in prescriptions for psychiatric medication. To me, what I'm focused on is this silent epidemic of what happens when people choose to get off of psychiatric medication? I think that the trouble here is that there's no education to the public or even to the physicians prescribing these medications that there is a discontinuation or withdrawal syndrome with these meds. Psych meds have withdrawal. Those are the facts, and the trouble is I see people get off of their antidepressant, sometimes they go to their doctor who prescribed it, they say, "I want to get off of it," the doctor, who never gave them proper informed consent about what happens if you one day decide to get off of it, they're not supportive of it, they're not knowledgeable about how to guide that process, and so people are left with, "Well, do I go cold turkey on my own?"

Ellen:

People play around with all kinds of... Going every other day, and maybe some people cut pills and taper, but it's often not a proper process. It's not easy to do a proper process. The commercially available dosages of these medications are not set up to make it possible for people to do a safe taper. So what happens is people go off and they go into withdrawal, and rather than understand that that is withdrawal, they see that as relapse. They see it as an indication that the medication was working. They blame themselves. They blame their circumstances. But they basically say, "Okay, actually, that must have really been helping me because now I feel terrible, and I should just go back on the med." What I'm interested in is just the truth, that people understand this is withdrawal and let's handle that accordingly. I'd like people to have a much safer, better supported, more sustainable tapering process off of psych meds. It doesn't take a couple weeks. It takes several months, sometimes a year.

Dave:

I'm thinking about something else in your book that I couldn't believe that you got into it, but it was really relevant. I interviewed Dr. Dan Brown a while ago, not the guy who wrote *Angels and Demons* and all that, but Dan Brown from Harvard, the father of attachment theory, which has transformed a lot of therapy and many different types of therapy, just understanding how people attach to their parents and thus to other people. You talk in your book kind of a summary of what he started, that movement. Can you talk to me about attachment theory, what it is, and how that's causing anxiety?

Ellen:

Yeah. So the way we are in relationship to our primary caregivers early in childhood will impact how we show up in relationships throughout our lives, and it can impact our feeling of a basic sense of security even. What I see a lot in my practice are people who are what would be called anxiously attached or insecurely attached, whether their caregivers were poorly attuned, maybe they were struggling with substances or mental health issues, or they were just working too many jobs to be present. Then you can grow up and feel on some level like people aren't there for you, even at its extreme that you're not worthy of love. The tricky thing about the human psyche is that every once in a while something in the design just doesn't make sense, and the reaction to being insecurely attached, in my mind, it's a maladaptation, but, basically, when we feel insecurely attached, we start to behave in a way that...

Ellen:

It's an attempt to obligate people to show up for us. It's an attempt to fish for, "Will you be there for me?" But it has the long-term effect of just repelling people and driving them further away, which only reinforces our original sense of we're unlovable and just leaves us more and more lonely. So I just want people to be eyes wide open aware of that and to start to recognize if they are insecurely attached, if they don't feel lovable, if they don't feel like it's easy to keep people in their lives showing up in relationship with them that you want to flip the script a little bit. You don't want to manipulate people. You don't want to obligate them into relationship. That ultimately just repels people. But what you want to do is be yourself, add value, not obligate people, give people a sense of they can come or go as they need to, and that actually gives people the space to want to show up for you.

Dave:

There's a lot of questions from The Upgrade Collective, and they want to know what you're on because they all think that you look like you're 25. Seriously, this has come up from five or six people. So are you doing some anti-aging craziness, bioidentical hormones, if you don't mind talking about that stuff?

Because, clearly, your brain is working, you're super chill but not in a, "I took a beta blocker," chill, and you just look really healthy. So they're all noticing that, and they want to know what are you doing?

Ellen:

I think they should look closer. Here's the thing, is that it's protective in some ways in the modern life to be bad at toxins, right, and I'm bad at toxins. I'm bad at modern life. I'm a precious, precious snowflake. So I got sick early and in a big way, and I just could not exist in this world in a functional way doing the regular things that everybody was doing. So this was in my 20s, really. I had to do something to get myself back on track so that I could actually poop in the morning and actually get my period and not just be covered in acne and having migraines and joint pain.

Ellen:

So, to get through life, I had to make a lot of changes in how I feed myself, how I take care of myself, and in a way, being bad at life is somewhat long-term protective. So, yeah, I'm a total snowflake in how I live my life, but I'm not perfect at it at all. I try to protect sleep. It doesn't always happen. I eat real food. It almost always happens. The things I really prioritize, I don't buy into an overwhelming state of bio-hacking and optimization. It's just not realistic for me. I have a six-year-old and a busy practice, so what I do prioritize-

Dave:

It's super stressful.

Ellen:

Mm-hmm (affirmative). Yeah. Well, it just feels like it's time and bandwidth, mental bandwidth, I don't have. But what I do prioritize is community, connection to nature, sunshine, fresh air, dancing, music, joy, pleasure. That's what I really lean into.

Dave:

So the play and joy and just being able to tune out is an important thing, and different people do it in different ways, but that's the way. Okay. I really, really love even the title of your book, *The Anatomy of Anxiety*, where it has a shape, it has a form, and it has a cause, and it's not that you're just feeling anxious for no reason. There's always a reason, and it's usually not a deficiency of an SSRI and that there's something else going on.

Dave:

I think you really nailed it by just calling out with your credentials that, look, the issues are in the tissues. It's not emotional issues in the tissues. It's physical issues in the tissues, and there may also be emotional issues. So by spreading that out into the two buckets, brilliant, brilliant way of explaining something that doesn't make sense and, frankly, makes some people feel pissed off. But it should make you feel liberated if you read Ellen's book, [ellenvora.com](http://ellenvora.com), *The Anatomy of Anxiety*, because what you think is your fault or is your weakness is probably just the MSG on your plate. And there you go. You can fix that. Ellen, thanks for being on *The Human Upgrade* podcast. It was fun.

Ellen:

Dave, thank you so much.